

A different approach to controlling the cat population

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Prepubertal (pediatric) neutering of kittens and puppies <9-wk old has been done extensively in the United States as a population control device of humane societies. Thousands have been done since the middle 1970s (1). A small number of humane societies in southwestern Ontario have similar programs.

Published studies from the 1990s have been looking comparatively at dogs and cats neutered at 7 wk vs 7 mo. Consistently, no differences in growth, bone density, or personality have been found in the 2 groups. The only consistent findings in the pediatric puppy groups were that the penis or vulva did not grow as large. Infantile external genitalia did not appear to cause medical problems. Urethral diameters in pediatric neutered cats did not differ from those of cats neutered at 6 to 12 mo (2–8).

In our population control program, we targeted kitten sources. Our kitten producers, usually from rural farm situations, qualified if they owned producing cats, did not take their cats to a veterinarian, and actively distributed kittens to the public. We did not do "cleanups" on farms where the cat population was allowed to rise and fall on its own through the usual viral outbreaks. Our goal was to help to control the flow of excess kittens to the general public (and thus eventually to local humane societies).

We would negotiate a group rate for the adult vaccination and neutering, whereby all adults would be neutered and returned to the producer. The producer had to agree to give us all the kittens that resulted in the meanwhile. All kittens were neutered, tattooed, vaccinated, and treated for external and internal parasites. The numbers are shown in Table 1.

The "cleaned up" kittens were given to brokers, who were responsible for the care and advertising and sale of the kittens. Thirty dollars from each kitten was returned to the clinic and given to a charity; the brokers kept the net profit. We have sent money to various charities over the 3-year life of the program. To date, approximately \$11 500 has been sent out. Charities are asked to send a thank-you note to each new kitten owner acknowledging that money has been received.

We encountered most of the negative responses in our 1st year. Most people were curious. Some were alarmed. One veterinarian told her client that we had lied about the

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Table 1. Cats and kittens neutered in the population control program

Year	Kittens adopted	Adult cats returned	Deathsa	Totals
1994	10	0	0	10
1995	71	35	1	107
1996	96	24	4	124
1997	150	53	6	209
Totals	327	112	11	450

^a2 deaths were directly caused by either surgery or anesthesia errors on our part

neuter, because it couldn't be done through an 0.5-cm incision. We had one of the brokers take a recently spayed kitten to this veterinarian, so that she could believe. One colleague who routinely advises that pets be neutered after a year of age would not even consider the merits of our program.

If colleagues were identified with questions or concerns, we mailed them a detailed information package including technique suggestions. We started sending a fact sheet addressed "to the attending veterinarian" with all the adopted kittens.

Public response has been overwhelmingly positive. Generally, people are happy because it is a program that helps cats and benefits charities, in spite of the fact that it is declared openly that the brokers profit. I am convinced that the fact the "veterinarian does not profit" helps public perception. However, there have been complaints: "My veterinarian says you are doing it too early" was the usual one. People who felt strongly about that point were advised to not buy one of the kittens. Certain batches of kittens plagued us with problems (weeping eyes, sneezing, and chronic diarrhea) inherited from the farm of origin. Considering how dirty some of our sources were, we were not surprised, but a small number of new owners were convinced that early neutering caused the problems. We heard "you are selling sick kittens" on occasion, even if problems occurred weeks and months after the adoption.

We created general information sheets and "non-health guarantees" to accompany the adoptees. People were encouraged to not buy pets from the program, if they felt our conditions were not adequate.

As a population control tool, the procedure is excellent and foolproof. The kittens are ownerless during the time of risk (surgery).

I would not recommend pediatric (6-8 wk) neutering as a routine for pets in the public domain. Anesthesia is

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not a concern and the science demonstrating long-term safety is quite good, but the 3% death rate is a problem, although it compares favorably with death rates from pet stores (9). Kittens will die of infections they have at the time of rescue, whether neutering is done or not, but the public will perceive that the deaths are related to the act of neutering. The person who spends a bit more on a neutered kitten is going to feel angry at the financial loss.

We should, however, think about doing prepubertal neutering in our practices. Why **not** neuter puppies and kittens at 14 to 16 wk, once they have been fully vaccinated and the danger period is over? Recovery rates at these intermediary ages are still incredibly good (10). Keyhole surgeries can still be done and postoperative problems are virtually eliminated.

Studies tell us that the main reason for the large number of cats euthanized in humane societies is that there are too many cats for the number of people who want one as a pet. Common ratios like 5 cats for every person who wants one, only one kitten out of 6 will survive, and, on average, every cat owner lets their cat have one litter before neutering it are in the veterinary and public marketplaces. I believe that unconditionally trying to early neuter every kitten before finding it a home, such as some humane societies do, is resource wasteful. We can perform finite and targeted traprelease and neuter programs. Since we can target known producers, we can bias our efforts to have a greater effect on the cat population problem.

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